

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>101770399</b> FILING DATE _____ APPLICANT(S) _____					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						61					
2						62					
3						63					
4						64					
5						65					
6						66					
7						67					
8						68					
9						69					
10						70					
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26						86					
27						87					
28						88					
29						89					
30						90					
31						91					
32						92					
33						93					
34						94					
35						95					
36						96					
37						97					
38						98					
39						99					
40						100					
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.						TOTAL IND.		2			
TOTAL DEP.						TOTAL DEP.		10			
TOTAL CLAIMS						TOTAL CLAIMS		12			